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Patent fees are subject to annual revision.

Complete if Known

Application Number 09/965,698

Filing Date September 26, 2001

First Named Inventor Brian A. Leete

Examiner Name Knoll, Clifford H.

Art Unit 2112

METHOD OF PAYMENT (check all that apply) Check Credit card Money Order None Other (please identify):	Applicant claims small entity status. See 37 CFR 1.27.			e 37 CFR 1.27.	Examiner Name	Klioli, Clillold H.			
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Check Credit card Money Order None Other (please identify):	TOTAL AWOUT	NI OF PATE	MENT	(a) 910.00	Attorney Docket No.	42390P12104			
Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee	METHOD OF	METHOD OF PAYMENT (check all that apply)							
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SUBMITTED BY Complete (if applicable)							
Name (Print/Type)	Mark A. Kupanoff	Registration No. (Attorney/Agent)	55,349	Telephone	(408) 720-8300		
Signature	Net a. Kort			Date	02/25/05		

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wir) 12/15/2004. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450